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December 2017

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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

Cathy Dinauer, MSN, RN
Executive Director

Catherine Prato-Lefkowitz, PhD, MSN, RN, CNE, Director of Nursing Education, 888-590-6726

nursingboard@nsbn.state.nv.us

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CONTACT

NEVADA STATE BOARD OF NURSING
5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547
phone—888-590-6726
fax—775-687-7707
nursingboard@nsbn.state.nv.us

4220 S. Maryland Pkwy., Suite B-300
Las Vegas, NV 89119
phone—888-590-6726
fax—702-486-5803
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CONTENTS

WORDS

• FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN

Our country has recently faced several natural disasters, first with Hurricane Harvey and then with Hurricane Irma. Nurses were called into action during both disasters and did what they have been trained to do: care for the sick and injured.

Although natural disasters occur and are often expected, we are never really prepared for their devastating aftermath. However, few man-made or natural disasters are as unsettling as a mass shooting like what occurred in Las Vegas. When I woke up that Monday morning, I turned on the television only to see that there had been a mass shooting in Las Vegas; in fact, the largest mass shooting in United States history. The air was sucked out of me as I immediately thought of the innocent victims and now grieving families. I then turned my attention to all the care providers involved in this incident. After many years working in the emergency departments of Los Angeles, working through several natural disasters, nothing comes close to what people saw and experienced that day. Would the hospitals be able to handle such a large volume of mass trauma in such a short period of time? Would there be enough staff to care for the injured and dying?What would the aftermath be for those staff? My mind was rushing at a fast pace and all I wanted to do was get to work. All hands on deck would be needed.But, when I got to work, there was an eerie sense of calm. We began receiving calls from nurses outside of Nevada who wanted to come to Las Vegas and help. They wanted to get licensed in the fastest way possible.

Although Nevada is not part of the nursing compact, I knew we would be able to issue licenses fairly quickly should the need arise. I know that hospitals prepare and prepare for emergencies and disasters and clearly their training paid off. I am simply in awe of the work done by our hospitals and staff who so selflessly cared for so many injured people. As nurses, we have a compassionate nature that tells us instinctively when there is a need to respond to those in need even when that means putting our own safety at risk. I know there are hundreds of you out there who stepped up to help in Nevada's time of need and so, this issue is dedicated to you. Thank you for what you did, what you are doing and what you will do in the future.

MESSAGE

• FROM THE PRESIDENT

Dr. Rhigel 'Jay' Tan, DNP, RN, APRN

Welcome to the final edition of the Nevada State Board of nursing magazine of 2017. The city of Las Vegas experienced a horrific event on October 1st 2017. The Board would like to pay tribute to all of the victims of the tragedy as well as the first responders who took action that night. The event will forever change our city, but not what we do as nurses and medical professionals. We are dedicating this edition to all citizens of Nevada, as well as those who were affected while visiting our great city. We thank all medical professionals who do what they do every day; provide high quality, excellent care to those in need. Please read the articles that follow and thank a first responder for all they do every day.

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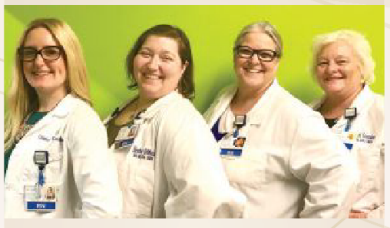

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DIGNITY HEALTH

By St. Rose Dominican Hospitals

The October 1st shooting devastated our community. That evening, our hospitals (Siena, Rose de Lima, and San Martin) received the call that we all train for, but hope to never receive. Before Sunday night came to a close, our patient victims were already receiving care in our Emergency Departments and Operating Rooms. To date, our three campuses have treated over 89 patient victims. With two patients still in our hospital, we are all very aware that the long-term impact from this shooting — both physically and emotionally — is going to be felt in the months and years to come. For this reason, it was so important to us that we do everything we can to help our patients and their families heal — including, ensuring that no patient receives a bill for the care they received at our hospitals. Even in the early hours after the shooting...

> ***...the heroic tales of survival, comradery, and selflessness were already emerging from the devastation.***

Our teams working that night collaborated together, looked out for each other, and functioned as one with our mission as the top priority. Our mission is based in the power of Jesus to heal the mind, body, and spirit. Never has this mission been more important to us than in the hours and days that followed the shooting. In the immediate aftermath of the shooting, the emotional well-being of our caregivers was a top priority, and we have made sure that our staff has the support they need to not only care for themselves, but also for each other. As we remain Vegas Strong, we are also focused on St. Rose Heals.

I actually got a call about 4:30/5:00 am from my sister who works here as a nurse as well to say that she came in the night before because she didn't have to work either day. She called me because she knew I was going to go into work and she told me what happened. She said, I know you don't know, but there was a mass shooting on the Strip. She and her boyfriend had both come in to help. She wanted to let me know what I was walking into. I asked why she didn't call me sooner and she said because she knew there would be people who needed to come in on Monday to work. When I came in, it was under control. Most of the critical patients were either up in the OR or the ICU, but it was still busy in the ER — it always is. I was stationed out in the waiting room/lobby and there were a lot of patients coming in and out of there. We had a bunch of people looking for family members and looking for loved ones which was really very sad. At the same time, we had a ton of people coming in, wanting to donate blood, wanting to volunteer — you saw the best of people as well, which was really nice. There was a physician who came in and stated his name and asked what he could do to help. It was a bittersweet situation where people were so sad and so traumatized, but then you saw the best of people as well.– Heather W., Registered Nurse in Emergency Services at Dignity Health-St. Rose Dominican Siena Campus I was out walking my dogs, I had just gotten off work, and somebody text me asking what was going on at Route 91. I didn't know what they were talking about. I happened to be walking up a hill that overlooks Vegas and at that same time, all of these sirens went by and I knew something wasn't right. I was looking down on Vegas and there were red and blue lights going all the way down Las Vegas Blvd. and my heart just sank. I called into the hospital to ask if they needed help and even though the Charge Nurse said they were alright, in the background, I could hear the radios going off and I just knew they didn't really know what they were in for. I stayed home and watched the TV for a little bit, but just sat there thinking that I needed to go in. Driving here, after watching the first hour of it on TV, I had no idea what I was walking into. We

never know what we are walking into anyways, but this just seemed a little scarier. When I walked in, the whole entire OR was standing outside the trauma room just waiting for the next person to come through. It seemed pretty quiet. Everybody was just doing their jobs. I walked up to the Charge Nurse and asked her what she wanted me to do. She told me to go out to the waiting room and help with traffic out there because we have all of these people just walking in and being dropped off by people. We had quite a few people coming in, those who were with Route 91 and those who weren't. The people who weren't were really confused about what was going on. And the people who were didn't know what was wrong with them, some people were screaming and others were really upset. There were also people coming looking for family members, people coming to donate blood. — Carolyn S., Registered Nurse in Emergency Services at Dignity Health-St. Rose Dominican Siena Campus Carol Rajchel, Director of Operations at Dignity Health-St. Rose Dominican Siena Campus — We had a nurse who previously worked for us and now who has decided to be a stay-at-home mom, and she said, what can I do? And she has three children and so we said, why don't you make some cards?The next day she showed up with 300 cards for not only those who were affected who we had in the hospital, but we also put them on the trays for all of the patients to receive with their meals that day. Heather W., Registered Nurse in Emergency Services at Dignity Health-St. Rose Dominican Siena Campus — There were a number of family members coming in and looking for family members. At the time, we didn't have any unidentified patients, so it was just so horrible knowing that and knowing that we were people's last hope before they had to go down and, perhaps, identify a body. They were coming in with agony on their faces stating that they hadn't heard from their loved one in so many hours and this is the last hospital we've been at and we're hoping they are here. There were a handful of them that day and it was just so awful to see. I knew the answer. It was a slow, painful tragedy for them. Carolyn S., Registered Nurse in Emergency Services at Dignity Health-St. Rose Dominican Siena Campus — There was a couple who were from out of town. They were in the front row at the concert, one of them was shot in the leg.

They were beside themselves and didn't know what to do. They didn't know where their friends were. They were staying at one of the hotels closer to the shooting which was in lockdown. They didn't know where to go. Obviously, the hospital was overrun with patients, so they were going to be discharged, but with nowhere to go. Trying to help them out and trying to figure out what they were going to do because they were supposed to fly out the next day, but their passports were locked up in the hotel room. A bunch of staff got together and we figured out a plan for them. Last I heard, they made it on their flight.Sister Katherine McGrail, Vice President of Mission at Dignity Health-St. Rose Dominican Siena Campus — I was amazed at how staff did that night — they got into their mode of what they do. They focused on what their role was.

The staff worked together to see where the need was and then move to where that need was. With the families, the humankindness, whatever we could do to relive their anxiety — to go back and get the status of their loved one and share that with them so that they knew they were being looked at and taken care of Carolyn S., Registered Nurse in Emergency Services at Dignity Health-St. Rose Dominican Siena Campus — I personally have witnessed amazing humanity in the last couple of weeks. After helping out in Houston and then coming here. Both episodes, for me, I saw people, didn't matter what color, what race, what religion, what tax bracket, or who you pray to, out in droves helping people. People were loading people into their cars full of blood and driving them wherever they could. It amazes me how people are so at each other in a normal day, but when it comes down to it, everybody is human and everybody feels — you feel bad for people and you want to jump in and do whatever you can.

NEW APPRENTICESHIP PROJECT OFFERS OPPORTUNITIES

PARTNERSHIP WITH RENOWN MAKES POSSIBLE A CNA "EARN AND LEARN" PROGRAM.

By K. Patricia Bouweraerts

A new apprenticeship project that began in Fall Semester partners Truckee Meadows Community College with Renown Health in a program allowing students to take classes, earn an income, and become Certified Nursing Assistants (CNA) all at the same time.

Nine students began the program by applying and being interviewed at Renown Health in front of a panel of staff members. The students were then hired to work as Patient Safety Assistants (PSAs) at Renown Regional Medical Center and Renown Skilled Nursing, earning an hourly wage while starting their CNA coursework.

TMCC's Nevada's Apprenticeship Project pays for the participants' tuition, lab fee, and workbook, including a loaner course textbook. The required Basic Life Support Provider CPR course is also covered by Nevada's Apprenticeship Project. Renown Health provides each student a uniform.

"Renown is excited and passionate about this program where we can match individuals who are interested in health care and allow them the ability to work and have their schooling paid," said Michelle Sanchez-Bickley, Vice President of Human Resources, Renown. "This allows these student employees to obtain valuable skills and immediately begin making meaningful contributions to our patients and our community."

THE PROGRAM

Renown pays the apprentices wages for both the classroom training and time on the floor.

"The students receive theory and lab instruction from Dolores Wonder, one of our most experienced faculty members," said Susan Bluhm, TMCC CNA Professor and Coordinator of the CNA program. "The best part is that the classwork is all done at Renown. The theory, lab and clinical rotations are experienced at a working hospital and extended care facility."

Emmanuel Ramiro is a Registered Nurse at Renown Regional Medical Center and also a CNA instructor for TMCC. He teaches the clinical sections of the semester-long program. The 168-hour program comprises 54 hours of lecture, 54 hours in the lab, and 60 clinical experience hours. Students earn six college credits for the course.

Left to right: Mariela Ramirez, Pedro Hernandez Corrilo, Stephanie Aguirre, Nafisha Sheldon, Dinah Bucio, Sarah Ouellette, Cecilia Ramirez, Carmela Corazon Palijo, and Alicia Williamson.

"Emy brings a wealth of hands-on, practical experience and know-how to the students," Bluhm said.

Students take theory and lab instruction for two five-and-a-half-hour days and work as Patient Safety Assistants for three 10-hour shifts each week where they experience the change of shifts.

"It's good for the students to experience the transition and difference between shifts," said CNA Professor Dolores Wonder."

After the first few weeks of instruction and learning new skills, they move up to the next stage of their training.

In the fifth week, students are assigned to a unit and become Nursing Assistants in Training, wearing a TMCC student badge. Units include the following:

- Oncology
- Skilled nursing facility
- Medical; nephrology or general medical
- Surgical; general or orthopedics
- Telemetry; two units
- Neuroscience

They are given increased responsibilities working with patients under the supervision of a CNA. These tasks include

skills they have learned so far in their classes and labs.

"What we like about this program is that they're thrust into the world of health care," Bluhm said. "There are professional people all around them as they learn and grow into their profession."

In the third stage of training, students move into the role of Nursing Assistant Apprentice, and their level of hands-on patient care increases with their new skills and knowledge.

Professor Wonder has found that students learning in this way experience their training as moving into a profession that they are proud to enter.

After completing the course, students are eligible to sit for the state certification exam. When they pass this test, they transition into the position of CNA at Renown Health.

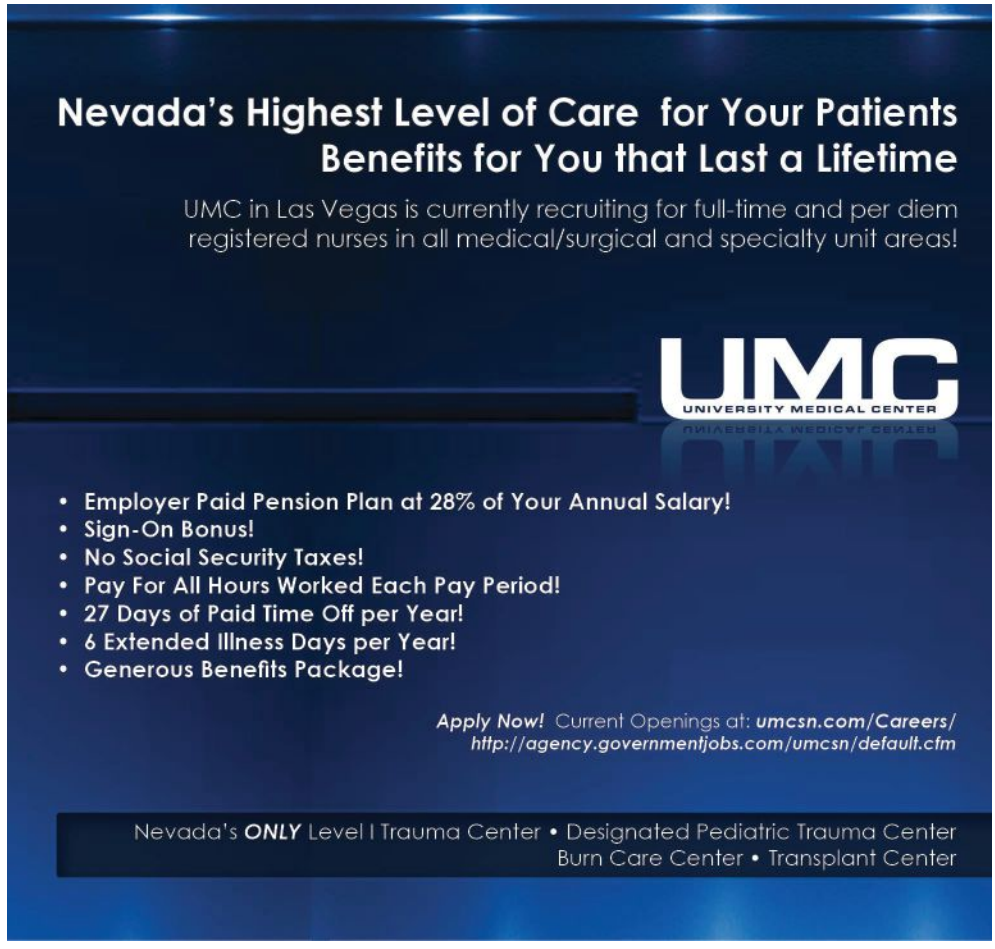
THE FUTURE

"Students say they know how lucky they are to be in this program and know what a great opportunity it is," Bluhm said. "The project is successful and we hope to continue the collaboration between TMCC, Renown Health, and the Department of Labor."

Sanchez-Bickley agrees.

"We are appreciative of the collaborative relationship with TMCC and are looking forward to the success of not only these first recipients but the expansion of the program as well," she said.

For more information about the Apprenticeship Project partnership with Renown Health, please contact Nevada's Apprenticeship Project at 775-856-5304.



THE AFTERMATH

By Mercedes Mattson, RN, BSN,
OCN Admit/Discharge RN/Patient Placement

My experience that I had with one of the shooting victims wasn't with direct patient care, but I was able to consult a patient. The week after the shooting I was bringing the patient get well cards and letters that came to the hospital. I introduced myself to our patient and his mother. When I was at his bedside he told me friends and family could not locate him in the hospital the night of the shooting. He kept repeating the story of how he was hard to locate and seemed to be in distress about it. I noticed his body started to shake. I took one hand to hold his hand and the other I placed on his chest. I listened and kept telling him that it's ok now. His family and friends found him, and he's safe now. He told me he and his 20 year old son like to go to a lot of country music concerts and he worries about his son, especially after the shooting and said they're both afraid now to attend concerts now. I explained to him that the healing process is going to be a long one. Not only physically, but mentally and even though it may take a long time, I felt he and his family will overcome it and as a family they'll get through it together. I told him to take things one day at a time, to focus on what the day brings him, and to not overwhelm himself with the uncertainties since they may not happen. As I spoke to him I noticed he stopped shaking. I told him I will pray for his healing and for his family. I also told him my background is oncology and I will make sure he gets a private room on the oncology unit and I know the nurses there will help him emotionally there. I also told him I would get a counselor to come talk to him to help him and his family while he's still in the hospital. He agreed to having a counselor come by and appreciated that I took the time to talk to him. I told him I would check on him the next day and bring him some earplugs to help with noise level in the unit that was keeping him awake. The next day I brought him earplugs and a counselor and as soon as he saw me he reached his hand out to me. It's unfortunate we had to experience this tragic event in our city, but the teamwork that came together at UMC the day of the shooting, the day after and the week after the shooting along with the amount of support and love shown from our community, local restaurants and businesses, and across the nation towards the staff and victims was so overwhelming and touching. I can say I am proud to be part of the UMC Team and we are VegasStrong.

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THE TRAUMA UNIT

By Joseph Bruno, RN

As a registered nurse, I currently work at University Medical Center, in Las Vegas, in the Trauma Resuscitation Department. I have held this position since 2013. I am married and have a 4 year old son. I am originally from New Haven, Connecticut.

On the night of the shooting I was serving as the charge nurse of our 11 bed trauma unit. First, my words fail me in attempting to express the sorrow and pain I feel for the victims, their families, and anyone whose lives were affected that night. I know I've read over and over "our hearts are with the victims", but please know that on that night my team and I were there for you and this city. UMC Trauma was there for you as we always are and always will be. On the night of Oct. 1st UMC Trauma was already extremely busy.

My team came on at 7pm to a full unit holding several critically injured patients waiting for beds in the intensive care unit. Over the next few hours the unit remained busy with ambulance traffic. Motor vehicle crashes, auto-vs pedestrians, burns, and in one instance a fall down an escalator. The situation wasn't any better in our adult emergency department one building over which was also filled to capacity, while the hospital floors were likewise crowded with few inpatient beds available. The perfect storm was about to erupt. My staff and I had just successfully resuscitated a "code blue" cardiac arrest patient in our trauma cat scanner, and I was back on the floor trying to shuffle patients around to make room to place that patient in a resuscitation bay when I received a phone call I never want to hear. "Officer down, gunshot wound, CPR in progress". Many of my colleagues will remember a similar event in 2014 when two Metro Officers were murdered. Without any more details we began to prepare Resuscitation Bay 2, our largest and best equipped bay, to perform every measure to try and save the officer's life.

It was less than thirty seconds later while my team was getting everything assembled that my unit clerk grabbed my arm and handed me the phone. It was an emergency dispatcher. "Active shooter, Mandalay Bay, 20+ critical inbound". I stood up on top of the nursing station and made the announcement. It would be less than five minutes before the first

victims arrived in their own vehicles. With so few details, and the scope of what was unfolding a few miles away unclear, my priority was to get ready to absorb as many patients as rapidly as possible, and that meant

prioritization. I alerted our Trauma ICU which is on the ground floor next door to our unit, as well as our three bay operating room, to expect a mass casualty influx.

Calls were placed to the hospital Administrator on Duty and our manager on call to get more staff mobilized, and our recovery room which is also located adjacent to the trauma department was opened and all of our non-critical patients who were simply waiting for test results before being discharged were able to be moved to make way for more patients. I was able to set a casualty collection point and triage station in our ambulance bay, and staff it with several nurses and doctors, one a veteran of the wars in Iraq and Afghanistan with double digit deployments. Without the time to locate our mass casualty triage materials I gave him my sharpie marker, which he used to mark each victims forehead in code with the severity

of their injuries and a stack of cards to write down their vital signs.

An effective, though inelegant solution. Any emergency provider would know at a glance that the patient had been evaluated and would get a basic idea of how injured they were.

As the first victims began to arrive a strange quirk of fate probably saved lives. Due to the high volume experienced during the day many of the surgical staff were still in house and available to treat the first wave of patients. Almost everyone had been shot. Lifesaving procedures were performed in almost every bay. Chest wounds were decompressed. IV fluids and blood transfusions started. Tourniquets were applied and bleeding was controlled.

The ORs began to fill as patients who were unstable were taken to have life threatening abdominal injuries repaired surgically. But the wounded kept coming, and despite our best efforts patients began to die. I know that we did everything we could, I hope the families of the slain that passed in my unit can take comfort from that. Some of the things I remember from that night almost seem unreal. At one point we had two patients in each bay. Patients lined up and down the hallway, some in gurneys, some in chairs, and a few on the floor propped up against the wall. There was the smell of blood, unwashed bodies, burned clothing, and gunpowder permeating the unit. People with obviously shattered limbs, tourniquets pinching severed blood vessels shut lying mutely awaiting help. That was what was so shocking. No screams, no moans, nobody pleading for us to save them first.

It was almost like every person there that night collectively understood the magnitude of what was happening. I do recall several times patients pleading with us to help others first, that they could wait. I have never before seen that in my career except in the case of direct family members. These were people with horrific injuries telling us they could wait in line for treatment so complete strangers could have surgery first.

As staff began to arrive from home, especially our unit manager who was on call but had gone home less than two hour ago after working all day, I was able to more effectively delegate patient care assignments. She and I collaborated and it was her idea to open... the ancillary surgical care unit to intake less critically wounded patients as an overflow area.

More trauma surgeons and anesthesiologists, including our partners from the medical detachment at Nellis AFB arrived as well and at one point I believe we were operating out of the three trauma ORs as well as 13 operating rooms in our main trauma department. UMC Trauma never closed, and even at the height of the chaos we were still able to treat and admit a critically burned patient and an unrelated auto vs. pedestrian.

At several points I rounded outside to our triage area in the ambulance bay. It looked like a Hollywood film. Dozens of ambulances washing out the night in blue, red, and amber flashing lights. Armed police guarding the entrance to the trauma department like sentinels

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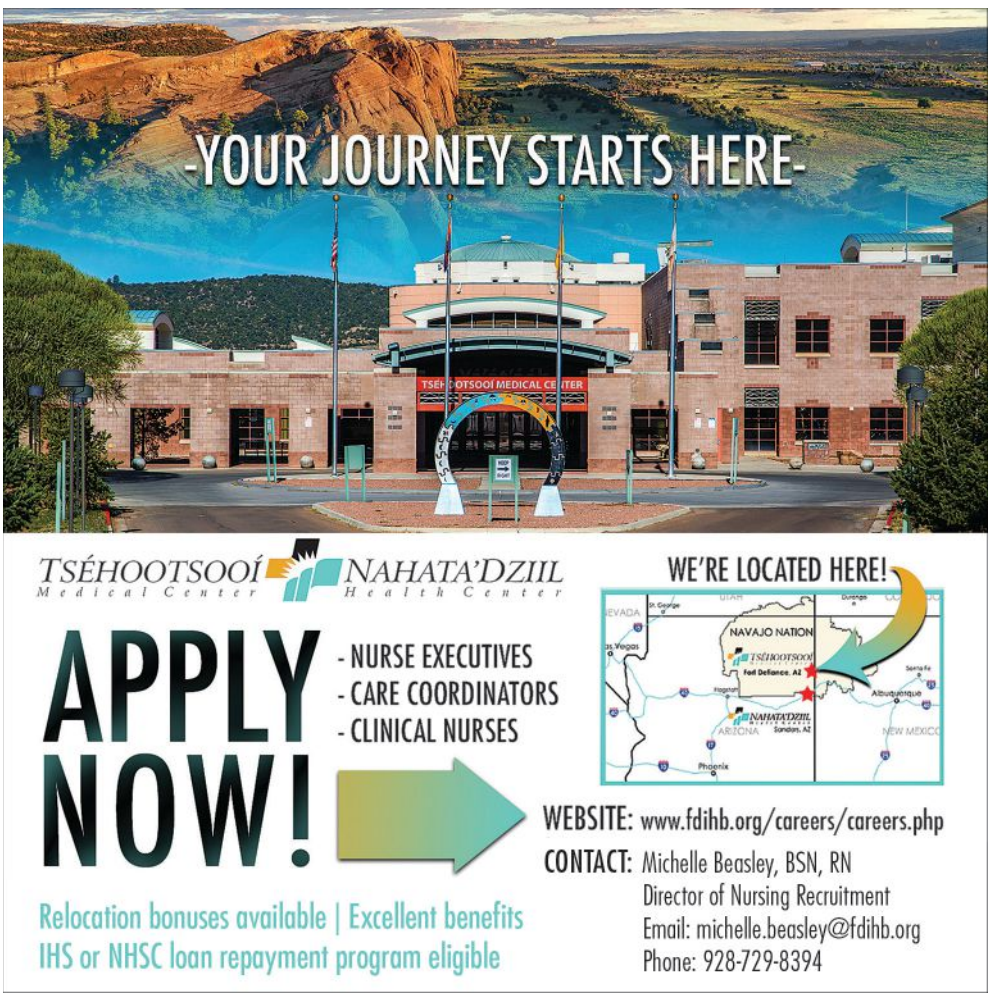
as, ultimately false, reports of attacks all over the strip began to filter in. Beyond that, what looked almost like a small army of officers patrolling the hospital periphery, the roads surrounding us blockaded to all but emergency vehicle traffic. Some ambulances arrived with up to five victims riding in the back. Quick thinking EMS crews and heroic triage work by those at the scene grabbing everyone who could walk and getting them to the trauma center as quickly as possible saved lives. It wasn't until about 4:00 am when patients stopped arriving.

Throughout the night I had been wearing one of the silver lead aprons that has bright red lettering emblazoned with the word "TRAUMA" in an effort to identify myself as one of the Resus staff members. I finally peeled it off and found that despite my best efforts my uniform was bloody, dirty and torn.

I retrieved a replacement from the scrub cabinet and went to the staff break room to clean myself as best I could and change. It was then that I saw the news reports of the casualty figures, and I truly grasped just what had happened. Being from the East Coast I remember Sandy Hook and The Boston Marathon bombing. Watching helplessly on television, knowing I had friends in healthcare, EMS, and law enforcement who were in harm's way or desperately trying to care for the wounded and I was trapped powerless out here on the West Coast and couldn't help them. Now the situation was reversed. I would come home to dozens of messages asking if I was alright. Had I been at the concert? Was I working? Was it as bad as it was being reported? The same questions I had asked in the past coming full circle.

We train for mass casualty situations all the time, we have mass casualty situations all the time. But never on this scale. Can you ever truly be prepared for an event like this? Probably not, but at UMC we try to expand our knowledge and our future capabilities. I know in the weeks ahead our disaster planning committee will carefully analyze what we can do to be better prepared in the future to respond to events like what happened Oct. 1st.

For my part, I try to focus on the positives. I'm proud of the work my team and I do here every day, and I'm proud of how we responded that night. There were so many staff that responded to Trauma that night. I know for many of you the care you gave was completely outside what you normally practice. I want to express my appreciation to all of you, because of you lives were saved and patients outcomes will be vastly improved. I wish there was time and opportunity for me to have gotten to know each and every one of you and thank you personally, not just clinical personnel, but everyone. From EVS to registration to our operators who kept the phones open, as well as hundreds of other staff who work every day to keep UMC open behind the scenes and were there that night. Thank You.



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PREPARING FOR A DISASTER:

USEFUL INFORMATION IN TIMES OF UNCERTAINTY

Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP

In the past few months, we've witnessed multiple disasters in the United States. Hurricane activity in Texas, Florida, and Puerto Rico are natural disasters we don't see here in the west. Then the unthinkable active shooter in Las Vegas October 1. As nurses, we are trained to be prepared and handle a lot of acute stress. Being prepared for disasters is just one more skill we should sharpen for our tool box. Most of us have been in disaster drills in our hospital or organization, but have you given thought to your own disaster preparedness with your family, community, or patients in your care?

When I started reflecting on the events in Las Vegas, I gave pause to consider what level of preparation should be place when a traumatic event occurs and I can better plan and also educate my patients. There are some excellent resources available from the City of Las Vegas, State of Nevada, and the Federal Government.

Clark County, Nevada has an excellent website for emergency preparation. The Emergency Management Speakers Bureau will come out and speak to groups about emergency management, local hazards, communications planning and how to build a preparation kit. The key element they stress is personal safety. Important safety tips include: creating an emergency plan, prepare a disaster supplies kit, develop an escape plan, have an evaluation plan, prepare an emergency car kit, and make plans for your pets. http://www.clarkcountynv.gov/fire/oem/Pages/faq.aspx

The State of Nevada has information available on their website under the Division of Emergency Management – Homeland Security http://dem.nv.gov/preparedness/EmergencyChecklist/. This link provides information on assembling an emergency preparedness kit. While this list seems a little intimidating at first glance, it is a comprehensive list divided into sections to include food and water, health and hygiene, personal, household and equipment, tools, and first aid. You can easily print the list and assemble in a new large garbage can, suitcase, or backpacks.

The "Plan Ahead Nevada Emergency Preparedness Guide" is a 28-page downloadable PDF (http://dem.nv.gov/uploadedFiles/demnvgov/content/preparedness/DEM%20Plan%20Ahead%20Guide%20FINAL%208-2016.pdf) with comprehensive information from preparedness lists to community planning. This brochure is focused on Nevadans' and underscores the 4 P's: plan, prepare, protect, and provide. Not only can you use this for your own personal and family preparation, you may encourage those in the community to review and utilize. Another unique feature includes types of disasters. These include fire, earthquake, flood, extreme, weather, flu, and terrorism.

At the federal level, the Centers for Disease Control and Prevention (CDC) has excellent resources for emergency preparedness and response. These resources include those for individuals/families as well as information for health care professionals. As nurses, the information available is useful to know about disease outbreak and incidents, crisis & emergency risk communication (CERC), clinician outreach and communication activity (COCA), and emergency responders and planners. This information is available online with printable fact sheets and a plethora of information for patients from coping, education, to self-care and training.

https://emergency.cdc.gov/index.asp

While no one anticipates disaster, it is important to have a family emergency plan. The Department of Homeland Security suggests four basic steps to creating a plan (Nevada Department of Public Safety):

STEP 1: Put together a plan by discussion 4 questions with your family, friends, or household:

1. How will I receive emergency alerts and warnings?
2. What is my shelter plan?
3. What is my evacuation route?
4. What is my family/household communication plan?

STEP 2: Consider specific needs in your household:

- Ages of individuals
- Health and dietary needs
- Languages spoken
- Culture and religious considerations
- Pets/service animals
- Physical limitations

STEP 3: Fill out a Family Emergency Plan

Use one of the guides to fill out a plan of action
https://www.fema.gov/media-library-data/1440449346150-1ff18127345615d8b7e1effb4752b668/Family_Comm_Plan_508_20150820.pdf

Step 4: Practice the plan with your family/household

Not unlike disaster drills in our work place, a drill with your household/family will provide immeasurable value

Active shooter preparation is also important given recent tragedies. It reminds us the risk is real and can happen in any place at any time. Law enforcement encourages all people to take an active role in your own safety. Preparation includes education now: sign up for training, know your community or organization plan, identify exits and places to hide, and learn/practice first aid skills. During an active shooter incident, you must act to survive: run, hide, and fight. Run – get away from threat and call 911 for help; hide – if you cannot get away-get out of view, silence electronics, stay in place until law enforcement gives you the all clear; fight – your last resort is to defend yourself. After an incident, provide for your safety by helping law enforcement with communicating facts, get medical attention, help others survive, and seek help to cope with psychological trauma. https://www.fema.gov/media-library-data/1472672897352-d28bb197db5389e4ddedcef335d3d867/FEMA_ActiveShooter_OnePagerv1d15_508_FINAL.pdf

I encourage each of us as professionals to get informed and be prepared. Not only does this promote self-care, it makes us ready to provide care to others in times of uncertainty and stress. As nursing professionals, we can encourage and educate patients, friends, family, and community members the importance of self-care and preparedness.

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Department of Public Safety, State of Nevada. Division of Emergency Management – Homeland Security. Downloaded from https://www.ready.gov/make-a-plan

UNLV LEVEL 1 NURSING STUDENTS HELPING TO HEAL HEARTS AND SOULS THROUGH SERVICE

By Karen Eisenberg, MSN, RN, CNE

The tragic event of the night of October 1st was continuing to unfold throughout the early morning. Many of us had been up all night in disbelief as we watched the news, received text messages, read social media, and received frantic phone calls from friends and family across the country.

This particular morning, a morning that revealed the deadliest mass shooting by an individual in U. S. history, would have been the first major exam for our new UNLV SON level 1 students in their Patient Centered Care Principles course. This course is designed, in part, to teach our students to "think like a nurse." What this course cannot teach, however, is the heartand soul of wanting to "be a nurse." This is something the students bring with them each day they wake up and wear their red UNLV SON uniform. While driving to class, the significance of administering an exam in view of the tragedy on the Las Vegas strip was daunting.

Is "business as usual" even possible when there was so much sadness in our community and across the nation? As nurses, we have an innate drive to jump in and help; to do something! I was certain our cohort of aspiring nurses would be feeling the same way. When class began at 8 a.m. the first order of business

was to account for all 48 students. All were accounted for. The next 30 minutes of class was spent debriefing and sharing thoughts and feelings. Tears transformed into calls to action! The need to "do something" was overwhelming. Many students expressed their frustration over not being a "real nurse" already. Ideas regarding how to help were discussed among the class. It was clear the size of their hearts and souls was measurably larger than their skillset, as this was only week four of their four-semester journey inbecoming nurses.

This was no deterrent. As the discussion continued it was decided, as a class, hey would hand out water and snacks to the people waiting in line to give blood at the United Blood Services (UBC) center on West Charleston Blvd. A student had revealed through a text message from a family member that long lines had already started to form. Quickly a plan was put into place. One representative from each of their six clinical groups would accompany faculty instructors Shona Rue and myself to Costco to load up with bottles of water and snacks for blood donors. The remainder of the students waited in the classroom for the "green light" to head up to UBS. The outpouring of community was beyond belief. Hundreds of people were lined up to donate blood, drop off donations of food, blankets and chairs, or just volunteer to "do something". What better way to deal with grief than to help others? Our students were amazing. They truly exemplified "Nurse Leaders" as they jumped in to organize the donation tent set up on Charleston outside of UBS by taking in donations from cars that would stop in the street. They walked the line of potential donors and handed out water and every food item you can imagine. They educated the waiting crowd on how to complete the medical questionnaire on the United Blood Services app to speed up the donation process—a more than 6-hour wait! It was heart-warming to witness our UNLV nursing students working as a team to pay-it-forward to our community and to help each other's hearts heal, just a little, from a horrific and senseless tragedy.

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#VEGASSTRONG

By Veronica Dunn-Jones, BSN, RN

I AM THE CLINICAL SUPERVISOR for Lion's Burn Care Center at University Medical Center of Southern Nevada. October 1st, 2017 is night I will never forget. I was at home sleeping when I go the call stating, "we have a mass casualty shooting. We need all nurses to respond to UMC immediately. This is not a drill".

I jumped out of bed and immediately called out to my husband as I scrambled to get my clothes on. I stopped for a moment and thought, 'are my kids okay?". My two youngest kids were home (They are 20 and 23). My oldest (age 26) doesn't live with me and I tried to call him and didn't get a response. I had to hurry and get dressed and my husband turned on the television and we saw the devastation that was occurring on the strip. I got my clothes on, kissed him goodbye, and headed to the hospital.

As I approached the hospital, the area was heavily secured by Metro police officers and I had to go through 2 checks before I could park and get in the hospital. I thought to myself, "It's safe here". I parked my car and then called my oldest son again and he answered. He said he was okay, thank God. Now I can go and try to help.

When I walked in the trauma center there were people everywhere trying to help patients and move them in and out of the trauma bay. I ran up to my director and asked how I could help. We began by transporting patients out to clear room for more victims. I helped transfer 2 patients and returned back to the trauma bay to assist with incoming victims.

The calls for victims coming in were non-stop as everyone was trying to get patients triaged. We saw multiple patients, placed many IV's, drew a mountain of blood, placed several Foley catheters, bandaged a lot of wounds, held a lot of hands, and tried to give words of encouragement and assurance in a time when we were so unsure. Our focus was to try and make our patients feel safe. And, while all of this is happening I can remember seeing the faces of co-workers who had not heard from loved ones. Here we are trying to take care of the injured and some of us didn't even know if it would be one of our loved ones coming through those doors. And, on top of all of this, we didn't even know if there was one shooter or multiple. Reports came in that there were multiple shooters at multiple casinos and that a shooter was near by the hospital. Thankfully that turned out to not be true. But, for those moments, the look of fear and panic on everyone's eyes as they continued to do their work is something I will never forget.

Some of our staff had friends or family who were at the Route 91 concert and were missing. Some were just in shock of what was going on around us. We would all have to sit and process all of what had occurred on that night.

It was 7:30 am before I could head home. I tried to sleep and couldn't. My head could not shut off. I think I got 3 hours of sleep. I tossed and turned for several hours and eventually got up and went back to work for debriefing. This was a devastating tragedy for our city that I will never forget.

But, I cannot express how proud I am of my team, my hospital, and my city. We rallied together and did everything we could to support the victims, their families, and each other. The out pouring of love and support from around the country and the world was felt throughout the week of this tragedy with donations of food and water, people coming to give hugs and prayer, and government officials and celebrities coming by to offer love and support. It reinforced my faith in humanity and that in the darkest time; we can come together in our time of need. I am proud to be a nurse, I am proud of my team, and I am proud of my city. #vegasstrong

EMERGENCY RESPONSE

By Kay Godby, MS, RN Clinical Coordinator, Regulatory, Readiness and Compliance, UMC Professional Practice.

On October 1st at 11:20 PM I awoke to a call on my cell phone, from one of the Directors of Professional Practice. I needed to report to University Medical Center (UMC) to help set up the Hospital Incident Command Center (HICC).There was a mass shooting at Mandalay Bay along with multiple shooters on the strip, the hospital was on lockdown and many patients were expected.

When I arrived at 11:30, there were Metro squad cars with red and blue flashing lights blocking all the entrances to the hospital. Three officers toting shot guns were in the parking lot and checked my UMC badge to allow entry. I proceeded to the Trauma Center and saw at least 50 nurses standingshoulder to shoulder in the Trauma Resuscitation area awaiting the onslaught of victims. I hurried up to the conference room designated for incident command. With over 15 years of experience in emergency management, I calmly got the area ready for the command staff to report by setting up the laptops, disseminating the Incident Command position binders and assisting with checking the radios. The Hospital Emergency Manager told me the Medical Surge Area Command (MSAC) was opened at Fire Station 18 to accommodate the Las Vegas Medical Community, and I was to report as soon as possible. I felt torn leaving, because I felt my expertise would be of better use at UMC. After repeated requests from the Emergency Manager, I left and navigated my way to the Clark County Multi-Agency Coordination Center (MACC). There were road closures everywhere, East Charleston at Rancho, I-15 South at Sahara, and South Las Vegas Boulevard at Sahara. I was nervous, but also ready because this is what I have trained for in my previous emergency management career.

When I arrived at the MACC/MSAC the majority of the emergency response partners were there from agencies throughout the Las Vegas Valley, including area hospitals and the Clark County School District. The MSAC is designed, established and operated as a system to coordinate an adequate level of medical surge support consistent with the number of patients, coordinated through UMC's Hospital Incident Command Center (HICC), Medical Surge Area Command (MSAC) and Clark County Multi-Agency Coordination Center (MACC). UMC has Memorandum of Understanding (MOU) and Mutual Aid Agreements (MAA) in place for medical surge events including support and coordination with all southern Nevada Acute Care Hospitals and related organizations and members of the Southern Nevada Healthcare Preparedness Coalition. There was a need to shift from individual-based to community-based health and medical care. With this medical surge emergency, it was most difficult to track the large influx of patients into all the hospitals. The MSAC took on the roll of counting intake of patients at each hospital, tracking transfers of patients between hospitals, reporting deaths and names of victims to the Las Vegas Metropolitan Police department, because this was a crime scene investigation. Metro in turn connected loved ones at the Family Assistance Center located at the Las Vegas Convention Center and provided social services in conjunction with the Clark County Emergency Management Agency.

The mass casualty incident (MCI) caused ripple effects related to medical surge of victims resulting in patients that that entered area hospitals and urgent care centers. Only 180 patients were transported by ambulance, the remainder googled the nearest hospital and self transported in any way possible. A medical surge emergency could hamper resource utilization efforts, but in this case there were adequate supplies, equipment and staff. If this medical surge emergency would have been larger, the MSAC would have likely had a need to depend on other jurisdictions for critical resources. The State of Nevada Department of Emergency Management and the Nevada Division of Public Health and Behavioral Health (DPBH) representatives were on site from day one. Day three the US Public Health Service, Assistant Secretary of Preparedness and Response (ASPR) arrived to assist, but no resources were needed. Many lessons learned were noted and emergency response training and exercises will continue to take a most important role in the future for the Las Vegas Health Care Community.

AMIST THE TRAUMA

By Lynette York, RN, UMC ,Burn Care Unit

The shift started out like most usual nights. I had a new employee with me who was in her second week of training. The Trauma Resident that night came by to do her rounds in the Burn Care Unit. As we were catching up and showing each other pictures of our kids, the resident's pager went off. It was a Trauma activation, and she said she had to go to Trauma Resuscitation because there were about approximately 20 patients with gunshot wounds arriving as a result of an active shooter on the strip.

I went to check on our new employee. She was preparing supplies needed for a dressing change and bath we were doing later for a patient. The intercom went on and they called a Code Purple overhead – Internal Disaster. Of course, I knew it was due to the gunshot wounds. We continued preparing our dressings, when a few minutes later the intercom came on again, "Any available critical care RN, please come to Trauma Resus." I have worked at UMC for more than 11 years now, and I had never heard that message before. I knew it was something serious. My charge nurse was on her way down and I told her that the new employee and I would go with her. Our clinical supervisor and our respiratory therapist were already down there. As we walked down the hallway to Trauma, I saw eight to 10 other RNs heading there as well. I could see police and ambulances outside the Trauma entrance. A lot of commotion was going on outside. We got to Trauma Resus and opened the doors. Instantly, we recognized the gravity of the situation. There were more than 20 people there, a lot more. Every bed was full, with patients lined up against the hallways, and gurneys in every spot available. Plus, EMS was bringing in more people. I could see fear and anxiety on the faces of the people shot and concerned looks on the faces of our staff.

The new employee looked at me in shock and asked, "Does this happen here a lot?" I said, "We go down here to Trauma Resus often for burn activations....but no, I've never seen Resus like this before."

Since we're from Burn Care, we didn't have access to their Pyxis or most of their supplies, so immediately we thought the best way to help would be to get a tub and fill it with IV starter kits, saline flushes and alcohol wipes. We went around patient to patient and started IVs on those who needed them. We made sure patients with wounds and those who may be going to the Operating Room or Intensive Care Unit had at least two IVs in place.

We were in disaster mode, so patients were marked on their foreheads and triaged depending on their acuity level. In the process of going from patient to patient, we also helped by drawing blood for lab work, preparing paperwork for the OR, taking vitals and assisting with turning and repositioning patients to identify their injuries.

They needed more equipment, so the Clinical Supervisor and I went back to our unit to grab our portable vital machine, our transport monitors and two of our gurneys to lend to Trauma. I saw nurses from other departments there assisting with anything they could, many doctors working on the victims, respiratory therapists assisting with intubation and airway, transporters helping move patients and bringing in more gurneys, and Environmental

> ***"As all the Trauma team members were busy treating patients and running around, our instinct to help kicked in."***

Services team members keeping the floors clean for our new patients. On-duty administrators, clinical supervisors, the ACNO and ICU Director were there helping out as well.

And of course, the Trauma team was awesome. It was just amazing to see everyone come together to help each other out. Everyone did a great job and lots of lives were saved that night.

Eventually my colleagues and I went back to our unit. Nurses who stayed on our floor were busy moving out patients to get a transfer from Trauma Intensive Care Unit, preparing for a new burn admission and also anticipating any of the shooting victims.Later, when we went downstairs to get food, we saw that the cafeteria had transformed into a respite area for victims and families. UMC provided shelter, blankets and food for people who had nowhere to go. Some of these people were from out of town and the casinos on the Strip were on lockdown, so they couldn't go back to their hotel rooms.

The cafeteria gave free food to everyone, feeding the victims, their families, all first responders and staff. That was really nice to see. That morning when I got home, I was OK. I went to sleep. I was going back to work the next night. Then I woke up and thought about everything. I saw the news and some of the videos people posted on social media. I cried for a bit. It was tragic enough to see what we saw at work, but I cannot imagine how horrific it must have been for the people at the concert.

I was just glad to be there and be able to help anyway I could. I have always loved the type of work that I do. I'm proud to be a part of UMC and I'm grateful that my profession allows me to help others in their time of need.

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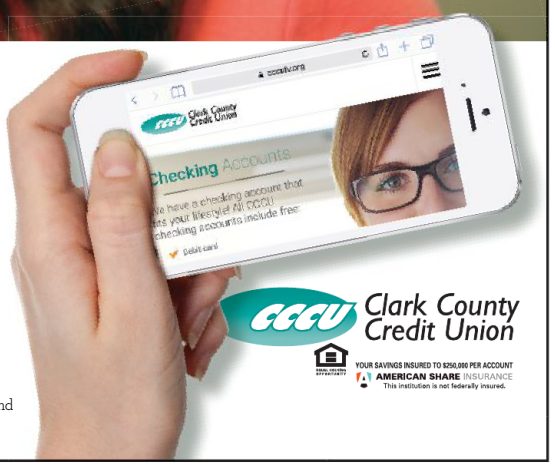

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QUALITY OF CARE SURVEY OF REGISTERED NURSES WORKING IN NEVADA ACUTE CARE HOSPITALS

Nancy Nivison Menzel, PhD, RN, PHCNS-BC, CPH, CNE Associate Professor Emerita, School of Nursing University of Nevada, Las Vegas

Carolyn Yucha, RN, PhD, FAAN, CNE Dean and Professor, School of Nursing University of Nevada, Las Vegas

Du Feng, PhD Professor and Interim Associate Dean for Research Director, Center for Biobehavioral Interdisciplinary Science University of Nevada, Las Vegas

For the past 13 years, the public has voted nurses as the most honest and ethical profession in America in the Gallup poll. This year, 80% of Americans rated nurses' honesty and ethical standards as "very high" or "high," 15 percentage points above any other profession (http://www.gallup.com/poll/200057/americans-rate-healthcare-providers-high-honesty-ethics.aspx).By extension, the public should therefore value what nurses think about the care provided by their hospital employers Many nurses are disillusioned by their work environments and are looking for improved working conditions, similar to those present in Magnet-designated hospitals. Developed by the American Nurses Credentialing Center (ANCC), the Magnet Recognition Program is the leading source of successful nursing practices and strategies worldwide. ANCC awards this designation to applicant hospitals that meet certain standards for patient outcomes, quality of care, and nurse job satisfaction. There are over 450 Magnet-recognized hospitals in the U.S., but none in Nevada (http://www.nursecredentialing.org/Magnet/FindaMagnetFacility). In the absence of any Nevada hospitals meeting these standard, we surveyed registered nurses (RNs) working in larger acute-care Nevada hospitals to (1) assess their Practice Environment; (2) identify the nurse-reported quality of care; and (3) compare the relationship between Practice Environment and quality of care. Such data may help new nurses or those relocating to Nevada to select an employer that recognizes and values the contribution that nurses make to patient care.

METHODS

Subjects and recruitment. Subjects recruited for this online survey included RNs working in acute-care Nevada hospitals with 75 beds or more. The survey was open between May and August 2017. We aimed to recruit as many participants as possible using three approaches. First, we advertised for participants in the May 2017 issue of RNformation (Nevada) by providing a QR code for scanning and a URL. Second, we obtained a list of RN email addresses from the Nevada State Board of Nursing and sent out periodic emails that included the QR code and URL to RNs licensed and residing in Nevada (approximately 23,700) inviting them to participate. Finally, we distributed the survey link on business cards to contacts in person. Human subjects' protection. This study was submitted to the University of Nevada, Las Vegas Institutional Review Board and received approval as exempt. Participants read a statement of informed consent about the anonymous survey that did not collect any demographic data and indicated consent by proceeding to answer questions. Respondents who were not RNs or who did not work at one of the listed hospitals were unable to proceed to the survey questions. In an effort to provide anonymity to respondents, we stripped computer identifiers from the data file before analysis.

MEASURES

Nurse-reported quality of care. We measured nurse-reported quality of care using a single question "How would you describe the quality of nursing care delivered to patients in your hospital?" There were four possible responses rated on an ordinal scale: excellent, good, fair, and poor. This single question of nurse-reported quality of care has been used in a number of other studies and has been shown to have adequate reliability and validity (Kutney-Lee, Lake, & Aiken, 2009). It was a significant predictor of outcomes and process measures that suggest quality care and were positively associated with hospital level scores of patient evaluations of their care (McHugh & Stimpfel, 2012). Practice Environment Scale of the Nursing Work Index (PES-NWI). The PES-NWI was developed by comparing responses from nurses in Magnet and non-Magnet hospitals (Lake, 2002), is reliable and valid (Hanrahan, 2007), and has been used by those applying for Magnet status (Warshawsky & Havens, 2010; Swiger, Patrician, Miltner, Raju, Breckenridge-Sproat & Loan, 2017). The PES is the most widely used measure to gauge the state of nursing practice environments and is the only measure recommended by several U.S. organizations promoting quality healthcare. The PES-NWI has 31 items loading onto five subscales: (1) Nurse Participation in Hospital Affairs (9 items); (2) Nursing Foundations for Quality of Care (10 items); (3) Nurse Manager Ability, Leadership, and Support of Nurses (5 items); (4) Staffing and Resource Adequacy (4 items); and, (5) Collegial Nurse-Physician Relations. (3 items). The PES-NWI uses a Likert scale with responses of strongly agree (4), agree (3), disagree (2), and strongly disagree (1). We scored the responses according to directions from the creator of the PES-NWI (Lake, 2002) and calculated each subscale score as the mean of responses to the corresponding items. In addition, we calculated a composite score for the entire scale as the mean of the five subscales, thus giving equal rate of the 5 subscales to the composite score.

ANALYSIS

We excluded surveys that were incomplete. While 785 RNs completed the quality of patient care question, only 690 completed the entire survey. We analyzed the data using SPSS version 24. Because we did not know the number of nurses employed by each acute-care hospital, we could not calculate response rates. We calculated each PES-NWI subscale score as well as the total scale score for each hospital. We calculated bivariate correlations (Pearson's r) between nurses' perceptions of the overall quality of nursing care and each of the five subscale scores, as well as the total scale score of the PES-NWI. A statistical test of the significance of mean differences across individual hospitals was not conducted due to the large number of hospitals and the small sample size in some of the hospitals. However, we conducted an independent t-test to compare non-profit and investor-owned hospitals and another independent t-test to compare hospitals in northern versus southern Nevada.

RESULTS

Results There were 690 respondents who completed the entire survey, some from every acute-care Nevada hospital. The percent of respondents who rated the care in their hospitals as Excellent was 26%; those rating care as very good was 49%, those rating care as good was 21%, and those rating care as poor was 4%. Bivariate correlations (Pearson's r) between nurses' perceptions of the overall quality of nursing care and PES-NWI subscale and total scale scores were positive and significant at the .001 alpha level, ranging from .426 to .625, indicating medium to high effect sizes (see the first row of Table 1). A majority of zero-order correlations between the subscale scores of PES-NWI are high (above .650), with a minimum of .478 (between "Collegial Nurse-Physician Relations and Nurse Manager Ability" and "Leadership & Support of Nurses"), and the highest being .795 (between "Nursing Foundations for Quality of Care" and "Nurse Participation in Hospital Affairs"). The bivariate correlations (Pearson's r) between the total scale score and subscale scores of PES-NWI (see the last row of Table 1) are high, ranging from .720 (between the total scale score and "Collegial Nurse-Physician Relations") and .886 (between the total scale score and "Nurse Participation in Hospital Affairs"). Table 2 presents the means and standard deviations (SDs) of nurses' perceptions of the quality of nursing care delivered to patients and PES-NWI total scale and subscale scores by hospital, as well as mean comparisons by hospital type. The number of nurses who participated in the survey ranged from n = 7 (Northeastern Nevada Regional Hospital) to n = 117 (Sunrise Hospital and Medical Center). Overall, the mean of nurses' self-report of the quality of patient care ranged from 3.57 ± 0.51 (Renown South Meadows Medical Center) to 2.50 ± 1.18 (North Vista Hospital) on a scale of 1 ("Poor") to 4 ("Excellent"). Thus, overall means for nursing care in the valley are between "Fair" (2) and "Excellent" (4) with the majority being close to or better than "Good" (3). Means for the total scale score and subscale scores of PES-NWI ranged from 2.03 to 3.20, with a majority being between 2.5 (between "Fair" and "Good) and 3 ("Good"). As can be seen in Table 2, nurses who worked at non-profit hospitals reported significantly ($t = 5.36$, $df = 783$, $p < .001$) better quality of patient care (Mean= 3.16, SD = 0.78) compared to nurses who worked at investor-owned hospitals (Mean = 2.85, SD = 0.79). A similar pattern is shown for each of the subscales of PES-NWI, although the group mean difference in Collegial Nurse-Physician Relations between the two types of hospitals was not statistically significant after controlling for familywise Type I error rate. In sum, nurses working for non-profit hospitals reported better quality of nursing care delivered to patients and better practice environment, compared with nurses working for investor-owned hospitals. A similar independent t-test comparing hospitals in northern vs. southern Nevada did not reveal any significant difference (results not shown).

Table 1. Bivariate correlation (Pearson's *r*) between nurses' perceptions of the overall quality and subscale scores of the PES- NWI and intercorrelation between the subscale scores of PES-NWI ($N = 690$).

	Nurse Participation in Hospital Affairs	Nursing Foundations for Quality of Care	Nurse Manager Ability, Leadership & Support of Nurses	Staffing & Resource Adequacy	Collegial Nurse-Physician Relations	Practice Environment Total
Quality Patient Care	.518***	.595***	.519***	.562***	.426***	.625***
Nursing Foundations for Quality of	.795***					
Nurse Manager Ability, Leadership &	.760***	.703***				
Staffing & Resource Adequacy	.670***	.654***	.650***			
Collegial Nurse-Physician	.500***	.544***	.478***	.495***		
Practice Environment Total	.886***	.869***	.867***	.839***	.720***	

Note: ***$p < .001$

Table 2. Means (SDs) of quality of patient care and PES-NWI by hospital and mean comparisons by hospital type (non-profit vs investor-owned)

At which hospital do you work? (# of Beds)		Quality Patient Care	Nurse Participation in Hospital Affairs	Nursing Foundations for Quality of Care	Nurse Manager Ability, Leadership & Support of Nurses	Staffing & Resource Adequacy	Collegial Nurse-Physician Relations	Practice Environment Total
Full Sample	*N*	*785*	*690*	*690*	*690*	*690*	*690*	*690*
	Mean±SD	*2.96±0.80*	*2.49±0.68*	*2.81±0.56*	*2.60±0.78*	*2.26±0.77*	*2.89±0.70*	*2.61±0.58*
Non-Profit	*N*	*290*	*254*	*254*	*254*	*254*	*254*	*254*
	Mean±SD	*3.16±0.78*	*2.61±0.69*	*2.91±0.58*	*2.72±0.76*	*2.43±0.77*	*2.96±0.73*	*2.72±0.60*
CARSON TAHOE REGIONAL MEDICAL CENTER (211)	*N*	*20*	*16*	*16*	*16*	*16*	*16*	*16*
	Mean±SD	*2.90±0.85*	*2.36±0.68*	*2.75±0.63*	*2.44±0.71*	*2.50±0.74*	*2.54±0.91*	*2.52±0.61*
RENOWN REGIONAL MEDICAL CENTER (808)	*N*	*79*	*70*	*70*	*70*	*70*	*70*	*70*
	Mean±SD	*2.96±0.72*	*2.57±0.58*	*2.87±0.48*	*2.71±0.78*	*2.04±0.67*	*3.05±0.61*	*2.65±0.51*
RENOWN SOUTH MEADOWS MEDICAL CENTER (76)	*N*	*14*	*13*	*13*	*13*	*13*	*13*	*13*
	Mean±SD	*3.57±0.51*	*2.74±0.57*	*2.98±0.53*	*2.95±0.76*	*2.67±0.7*	*3.08±0.64*	*2.89±0.55*
ST ROSE - ROSE DE LIMA CAMPUS (109)	*N*	*13*	*9*	*9*	*9*	*9*	*9*	*9*
	Mean±SD	*3.00±0.82*	*2.70±0.88*	*3.06±0.62*	*3.20±0.62*	*2.44±0.99*	*2.96±0.7*	*2.87±0.71*
ST ROSE - SAN MARTIN CAMPUS (147)	*N*	*19*	*17*	*17*	*17*	*17*	*17*	*17*
	Mean±SD	*3.37±0.76*	*2.47±0.89*	*2.91±0.74*	*2.79±1.04*	*2.71±0.88*	*2.88±0.85*	*2.75±0.81*
ST ROSE - SIENA CAMPUS (219)	*N*	*50*	*43*	*43*	*43*	*43*	*43*	*43*
	Mean±SD	*3.26±0.80*	*2.30±0.6*	*2.90±0.59*	*2.58±0.71*	*2.40±0.65*	*2.84±0.73*	*2.60±0.51*
UMC OF SOUTHERN NEVADA (541)	*N*	*79*	*70*	*70*	*70*	*70*	*70*	*70*
	Mean±SD	*3.22±0.83*	*2.85±0.71*	*2.93±0.62*	*2.77±0.69*	*2.60±0.74*	*2.98±0.75*	*2.83±0.61*

DISCUSSION

In this first survey of RNs working in acute care hospitals in Nevada, nurses reported that the quality of patient care is generally very good, despite a wide-range of reported quality in different hospitals. Twenty-six percent stated care was excellent, comparable to 29% of nurses in 396 hospitals in California, Florida, Pennsylvania and New Jersey who reported that care was excellent (McHugh & Stimpfel, 2012). The mean scores for the PES-NWI fall within the ranges of scores reported in a review of its use in 37 research reports by Warshawsky and Havens (2010). They reported that the highest scoring subscale in United States U.S.) studies was Foundations for Quality Care and the lowest was Staffing and Resource Adequacy. In Nevada, Collegial Nurse-Physician Relations score the highest, followed by Foundations for Quality Care and Staffing and Resource Adequacy was rated lowest consistent with other U.S. hospitals. We were not surprised to see the correlations between the subscales and total scores of the PES-NWI. The majority of studies investigating nurse reported quality of care and PES-NWI reported significant associations between these two variables (Swiger et al., (2017). One would certainly expect that the better the perceived work environment, the better the nurse-reported quality of care. In fact, numerous studies have reported strong associations between the PE-NWI and patient outcomes. Thus, hospital administrators who are striving for improved patient outcomes should consider improving the nurses' practice environment. While statistical analysis showed that nurses working in non-profit hospitals reported better quality of patient care (3.18 ± 0.78) than did those working in investor-owned hospitals (2.85 ± 0.79), this statistically significant difference is quite small and probably has no real clinical significance. A similar pattern is shown for each of the subscales of PES-NWI, except for Collegial Nurse-Physician Relations. Again, these differences are probably too small to have any real significance in the comparison between non-profit and investor owned hospitals. We recognize that this study has some limitations. First, given the number of nurses working in acute care hospitals, our response rate was quite low. We cannot be confident in the scores reported, especially for the hospitals with a small number of participants or the Veterans Administration, where nurses are licensed in many jurisdictions. These participants could represent those who wish to promote their workplace or those who are unhappy. In addition we made no attempt to identify the units where the RNs were working, and it is highly likely that patient care units differ in the quality of care delivered and in the workplace environment. We are hopeful that when we repeat this survey during 2018, more RNs will participate. In the meantime, our report might alter the places our new graduates and those relocating to Nevada might choose to work, especially for those who have multiple job offers. In summary, we are pleased to report that nurses believe that the quality of patient care in Nevada hospital is very good. We hope that this report will encourage hospital administrators to be more aware of the relationships between the nurse workplace environment and the quality of patient care delivered ad work towards changes to improve the RN working conditions.

VA SOUTHERN NEVADA HEALTHCARE SYSTEM (90)	N	16	15	15	15	15	15	15
	Mean±SD	3.38±0.62	2.77±0.78	3.06±0.62	2.75±0.84	2.87±0.88	3.13±0.8	2.92±0.72
For-Profit (Investor-Owned)	N	495	436	436	436	436	436	436
	Mean±SD	2.85±0.79	2.42±0.66	2.75±0.53	2.53±0.78	2.16±0.75	2.85±0.68	2.54±0.56
CENTENNIAL HILLS HOSPITAL MEDICAL CENTER (190)	N	46	42	42	42	42	42	42
	Mean±SD	2.89±0.67	2.38±0.64	2.80±0.52	2.55±0.83	2.25±0.55	2.71±0.77	2.54±0.55
DESERT SPRINGS HOSPITAL MEDICAL CENTER (293)	N	28	26	26	26	26	26	26
	Mean±SD	2.54±0.88	2.20±0.7	2.56±0.62	2.13±0.91	2.03±0.88	2.83±0.84	2.35±0.69
HENDERSON (142)	N	11	10	10	10	10	10	10
	Mean±SD	2.91±1.22	2.79±1.09	3.04 ±0.97	2.80±1.13	2.95±0.98	3.20±0.92	2.96±0.96
MOUNTAINVIEW HOSPITAL(340)	N	53	43	43	43	43	43	43
	Mean±SD	2.96±0.85	2.43±0.73	2.78±0.6	2.59±0.79	2.09±0.82	2.95±0.53	2.57±0.6
NORTH VISTA HOSPITAL(177)	N	10	10	10	10	10	10	10
	Mean±SD	2.50±1.18	2.17±0.84	2.37±0.79	2.48±0.88	2.15±0.89	3.00±0.67	2.43±0.67
NORTHEASTERN NEVADA REGIONAL HOSPITAL (75)	N	7	6	6	6	6	6	6
	Mean±SD	2.86±0.69	2.07±0.37	2.43±0.37	2.32±0.48	1.67±0.3	3.06±0.25	2.31±0.22
NORTHERN NEVADA MEDICAL CENTER (108)	N	8	8	8	8	8	8	8
	Mean±SD	3.25±0.71	2.54±0.71	2.60±0.42	2.60±0.89	2.56±0.62	2.67±0.73	2.39±0.59
SAINT MARYS REGIONAL MEDICAL CENTER (380)	N	29	29	29	29	29	29	29
	Mean±SD	2.97±0.73	2.75±0.64	2.78±0.51	2.57±0.7	2.23±0.74	2.93±0.53	2.65±0.5
SOUTHERN HILLS HOSPITAL AND MEDICAL CENTER (180)	N	20	17	17	17	17	17	17
	Mean±SD	2.90±0.64	2.11±0.64	2.58±0.57	2.47±0.87	2.41±0.81	2.92±0.76	2.50±0.63
SPRING VALLEY HOSPITAL MEDICAL CENTER (238)	N	44	36	36	36	36	36	36
	Mean±SD	2.84±0.86	2.39±0.57	2.80±0.48	2.53±0.67	2.08±0.67	2.93±0.64	2.55±0.48
SUMMERLIN HOSPITAL MEDICAL	N	70	57	57	57	57	57	57

ACKNOWLEDGEMENTS

We thank Mary Albrecht, EdD, of the UNLV School of Nursing for her technical assistance in mounting the survey in Qualtrics, creating its QR code, and administering its delivery through email notices. We also thank Susan VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP (UNLV School of Nursing) and the Nevada State Board of Nursing for providing email addresses for Nevada registered nurses. We are grateful to Joseph Greenway, MPH, the director of the Center for Health Information Analysis (UNLV) for his assistance in providing the names and bed counts of Nevada acute care hospitals.

CENTER (454)	Mean±SD	2.83±0.66	2.59±0.53	2.78±0.48	2.64±0.73	2.21±0.83	2.68±0.76	2.58±0.52
SUNRISE HOSPITAL AND MEDICAL CENTER (690)	N	117	105	105	105	105	105	105
	Mean±SD	2.79±0.83	2.32±0.62	2.73±0.49	2.46±0.8	2.04±0.68	2.80±0.66	2.47±0.54
VALLEY HOSPITAL MEDICAL CENTER (301)	N	52	47	47	47	47	47	47
	Mean±SD	2.92±0.68	2.57±0.6	2.87±0.42	2.66±0.67	2.19±0.74	2.93±0.53	2.64±0.49
Mean comparison: Non-profit vs investor-owned hospitals								
t (df)		5.36 (783)	3.42 (688)	3.72 (688)	3.22 (688)	4.39 (688)	1.94 (688)	4.01 (688)
p		<.001	<.001	<.001	<.001	<.001	.053	.<.001

Note: N= number of respondents, ranges from 6-70 per hospital. A similar comparison was done between northern and southern Nevada hospitals and showed no statistically significant results.

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MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Registered Nurse Advisory Committee (none)
February 20, 2018
May 8, 2018
August 7, 2018
November 13, 2018

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (three)*
February 1, 2018
April 5, 2018
August 2, 2018
October 4, 2018
*One MA-C, one LPN, one Acute Care RN

Disability Advisory Committee (none)
April 27, 2018
October 19, 2018

Education Advisory Committee (none)
January 26, 2018
April 13, 2018
August 3, 2018
October 5, 2018

Nursing Practice Advisory Committee (none)
February 6, 2018
April 10, 2018
June 5, 2018
August 21, 2018
October 9, 2018
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